

Clear cut

How Stephen Foster
turned his vision into an
award-winning pharmacy

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surcharges for now**
See page 7
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guide to EHC**
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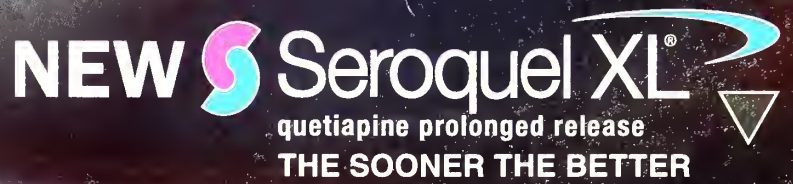


**With
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(SEE PAGE 15)

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The gesture of love you can trust

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Chemist+Druggist

news education tools

Comment from the Editor

Last week's UniChem convention in Oman ended on a cliffhanger as MD Jeremy Main said he couldn't commit to an event next year just yet.

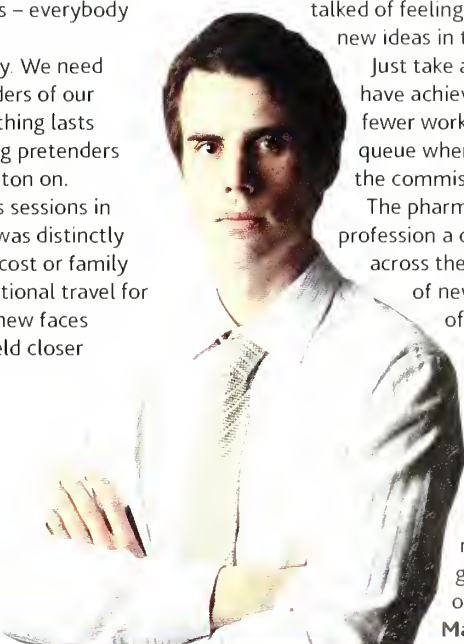
Frustrated by the falling ranks of pharmacist attendees, he said he wanted to go away and work out what needs to be done to attract the next generation of professionals to the event.

Perhaps if Mr Main finds the answer he will share it with the wider industry. From wholesaler's conventions to Westminster meetings, too often it's the same old names on the guest list. Attendees must feel like characters in US sitcom Cheers – everybody knows their name.

Of course continuity can pay. We need experience and guile from leaders of our representative bodies. But, nothing lasts forever. There have to be young pretenders coming through to take the baton on.

Looking around the business sessions in Oman, this youthful element was distinctly absent. Some may argue that cost or family commitments rule out international travel for those in their 20s or 30s. But new faces are still lacking from events held closer to home.

Apathy is not unique to pharmacy. Fed on a diet of cynicism and conspiracy theories, the society we live in has become full of characters like the teenager from the Catherine Tate show, who are simply not bothered.



Well you should be. Taking time out to talk to your contemporaries can reap rewards. Many in Oman talked of feeling rejuvenated and raring to try out new ideas in their pharmacies.

Just take a look at what our GP colleagues have achieved – a united front, better pay, fewer working hours and being first in the queue when it comes to grabbing a share of the commissioning cake.

The pharmacy white paper gives the profession a dream chance in England. And across the UK pharmacists are at the centre of new health policy. Though making all of this happen will be far from easy.

Success could rest on the strength of grass roots campaigning by the profession (see Simon Whale on p7). Please resist the temptation to sit on the sidelines and moan. Get your head up, rise to the challenge and make sure you are remembered as pharmacy's golden generation, not the one that let opportunity slip through its fingers.

Max Gosney, News Editor

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PPA Awards 2008 Highly Commended TABPI Awards 2008 Winner for news coverage

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DH delays part of PPRS

» Mixed views on whether partial PPRS postponement will alleviate feared stock shortages

Jennifer Richardson

Planned price cuts for out-of-patent branded medicines have been postponed after the Department of Health called for further consultation on the proposal.

But a three-month delay to part of the scheme to control the price of medicines to the NHS would not avoid the possibility of stock shortages, PSNC said.

Plans to slash the price of brands that have lost exclusivity to no more than 50 per cent above the generic equivalent have been delayed for "at least three months", the DH said this week.

The plans were part of a revised Pharmaceutical Price Regulation Scheme (PPRS) due to come into effect on January 1 to cut the overall cost of branded drugs to the health service by 5 per cent, following negotiations between industry and government.

"Particular concerns have been raised about the impact of provisions relating to out-of-patent medicines if they were implemented around the Christmas period," a DH spokesperson told C+D.

PSNC and wholesalers had

previously warned that PPRS price cuts could lead to medicines supply problems over the winter holiday as wholesalers reduced stock levels to avoid profit losses. But PSNC said the three-month postponement did not address its concerns, as markdowns for brands under patent are still due in January. The negotiator pledged to continue lobbying the DH.

However, price cuts to brands under patent were less likely to

adversely impact the supply chain as the cut in their prices should be less dramatic than that of brands out of patent, said Martin Sawyer, executive director of the British Association of Pharmaceutical Wholesalers. The out-of-patent delay "demonstrates that the DH is listening", Mr Sawyer added.

The need for further clarification over which products the loss of exclusivity provisions would apply to also contributed to the delay,

C+D understands. In a letter to manufacturers, the DH said: "It will be necessary to undertake a public consultation on how these provisions would apply to the individual products that would be affected."

News of the delay came as Conservative peer Earl Howe was due to attack the government's handling of the PPRS in the House of Lords. The way the DH had dealt with consultations on the scheme's renegotiation was "shocking", the shadow health minister was expected to tell peers this week.

The DH has delayed part of its plan to cut drug prices but PSNC says stock shortages are still inevitable



Breaking news

The medicine supply chain is caught up in its worst crisis in living memory, wholesalers have told C+D as the magazine went to press this week.

Currency fluctuations combined with an impending 5 per cent cut in branded drugs prices and manufacturer-imposed quotas had created the conditions for a "perfect storm", representatives from AAH, UniChem, Phoenix and Mawdsleys said. Read more at www.chemistanddruggist.co.uk

Barking builds bridges

Margaret Hodge MP took the opportunity to have a flu jab when she visited her local Superdrug pharmacy as part of C+D's Building Bridges campaign last week. The Labour MP was greeted by some of the customers who wrote to ask for her support after the premises were served with a compulsory purchase order for the 2012 Olympics.

Barking MP Margaret Hodge praised the relationship between local residents and the town's Superdrug branch, where she was given a flu jab



The pharmacy has since relocated and, after her visit to the new premises, Ms Hodge said: "I am delighted that Superdrug are here to stay." Building Bridges aims to get as many politicians as possible to visit their local community pharmacies. Sign up at www.chemistanddruggist.co.uk/buildingbridges

Lloyds moves into secondary care

Lloydspharmacy is looking to move further into the secondary care market to deliver pharmacy services for acute and mental health trusts, and other community pharmacies could follow its example.

Lloydspharmacy could offer "outpatient dispensing", said Pete Shergill, head of central clinical operations, allowing patients to collect hospital medicines from branches close to their homes. The multiple could also offer stock provision for hospitals, basic clinical services, or even in-house dispensing, he told delegates at AAH's supplier symposium this month.

Lloydspharmacy already had tenders for outpatient dispensing

with some mental health trusts, Mr Shergill added, and was talking to acute trusts to explore what it can do for the secondary sector.

It was "no surprise" that pharmacies were looking towards secondary care services, said Raj Nutan, head of business development at the NPA. The NPA welcomed pharmacy diversification, he added, and had already been approached by many members about putting in tenders for private hospital business.

Lloydspharmacy said the move was a "logical progression" for its business and did not detract from the role of the pharmacist at the heart of community healthcare. **ZS**

Light touch creates political heavyweight

» Sector's patience preferred to "aggressive" GP tactics

Max Gosney

Pharmacy has become an influential force at Westminster because negotiators have shunned aggressive tactics favoured by GP leaders, a government insider has said.

The pharmacy white paper was proof of pharmacists' ability to influence the political agenda, former civil servant Simon Whale told the UniChem convention in Oman this week. "Patient, thoughtful influencing has paid off," he said.

Meanwhile, tempers had worn thin with the hard-line stance taken by doctors' representatives, the political consultant revealed.

"The relationship between the government and GPs has deteriorated sharply," he said. "I won't repeat here what I've heard some ministers say in private about GP representatives."

Critics were "plain wrong" to claim category M cuts and support for dispensing GPs at Westminster proved pharmacy's political incompetence, Mr Whale said. "It is also dangerous talk, because it talks down your profession."

Mr Whale, who advises PSNC on negotiations, added: "Yes, there are still challenges, not least over funding, but please do not allow yourself to think that pharmacy lacks influence."

Mr Whale's comments came after PSNC CEO Sue Sharpe defended the negotiator against accusations

it was too docile in government talks (C+D, October 18, p4).

The profession must now work collaboratively to deliver the clinical opportunities of this April's white paper, Mr Whale added. "You absolutely have to ensure pharmacy delivers on the expectations we have created in government."

Success would depend on combining grass roots campaigns with a united national strategy from pharmacy representatives, he said. "Local pharmacists have a credibility that adds powerfully to what your national representatives can say and do."

Pharmacists should look to appeal to what the NHS needed and wanted, Mr Whale said, and alliances with other health professionals or patient organisations were another way of enforcing the message.



Simon Whale: pharmacy has influence

Friendly MPs derailed damaging Galbraith report

Last minute intervention from a group of pharmacy-friendly MPs saved the sector from a catastrophic shake up of control of entry (CoE) rules. The All-Party Pharmacy Group (APPG) blocked a potentially damaging first version of the Galbraith report into contract regulations being published in summer 2007, Simon Whale has revealed.

APPG founder Mr Whale told delegates at the UniChem convention: "The Galbraith report in its undiluted form would have been bad news for most in pharmacy. It would have brought about radical changes to CoE and to commissioning."

The report was shelved in light of last year's APPG future of pharmacy report, said Mr Whale, managing director at media consultancy firm Luther Pendragon.

The APPG helped persuade ministers to develop consistent pharmacy policy instead of destabilising the sector by overhauling CoE, he said. This triggered the pharmacy white paper, which included a revised Galbraith report, Mr Whale claimed.

However, open warfare with dispensing doctors was not in pharmacists' best interests, she stressed.

Dispensing doctors want to block rule changes proposed in the pharmacy white paper that would stop practices located close to pharmacies from dispensing. Even GP leaders had warned dispensing

doctors not to overstate their case, Ms Sharpe reflected.

"Unity is not easy in circumstances like this," she said. "But there is a very great prize at stake for us. We need to decide what is best for community pharmacy, particularly for the pharmacies in dispensing doctor areas." **MG**

News in brief

Correction

In last week's issue (C+D, October 18, p8), Jeff Bulmer, pharma services director at AAH, was quoted in the news story 'Distribution deals forecast' on alternative distribution models for pharmaceutical wholesalers. Mr Bulmer was quoted as saying that AAH was still "uncertain about DTP". This was an error and should have stated that AAH was still "uncertain about solus DTP".

Correction

In last week's issue (C+D, October 18, p4) we described Diprobace cream as a Sanofi-Aventis product. This was an error as it is a Schering-Plough product.

European prescriptions

UK community pharmacists will be able to dispense prescriptions issued in the European Economic Area (EEA) and Switzerland from November 3. The RPSGB and the NPA issued guidance stressing UK pharmacists were not compelled to dispense such prescriptions and must satisfy themselves that the scripts were legally valid.

www.chemistanddruggist.co.uk

C+D training

Don't miss the latest module of C+D's practice certificate in pharmacy management, included with this issue. It looks at strategic planning and topics include creating an organisational visit and carrying out a SWOT analysis.

Funds for research

A community pharmacy manager and four locums have been awarded a total of £43,000 in bursaries from the Pharmacy Practice Research Trust. The beneficiaries said the money would offer a route into research while allowing them to maintain their community pharmacy links.

www.chemistanddruggist.co.uk

Independent prescribing

The impact of pharmacist independent prescribing on patient care is being evaluated in a national study. The Southampton and Keele Universities investigation, commissioned by the Department of Health, will survey 380 pharmacist independent prescribers as well as patients.

www.chemistanddruggist.co.uk

Is pharmacy's political star on the rise?
mgosney@cmpmedica.com

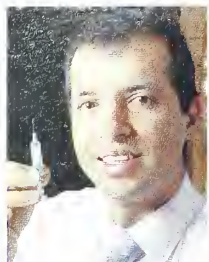
PSNC: turn other cheek to GP campaign

Pharmacists must rise above an "aggressive" campaign by dispensing doctors against the profession, PSNC has said.

GPs had launched an "extreme, hostile and very uncomfortable" bid to hold onto dispensing rights in rural areas, Sue Sharpe told the UniChem convention in Oman.

Dispensary TALK

Will your pharmacy reach 400 MURs this year?



"No way, not this year. The pharmacy has been refurbished and we just haven't had time.

But next year I think we will quite possibly be able to."

Raj Radia, Spring Pharmacy, Hackney London



"I'm not even going there! I've set myself a target this year of 200. I don't see any point in setting

yourself targets that you won't be able to meet."

Alison Hayes, Pines Pharmacy, Exmouth

WEB VERDICT:

Yes ☐ 12%
No ☒ 88%

Armchair view: Wasted money it may be, according to at least one LPC urging pharmacists to complete their MUR quota, but most pharmacies just don't have the time to fit in 400 this year.

Next week's question: What should wholesalers do about fuel levies? Cast your vote at www.chemistanddruggist.co.uk

Clarification

In last week's issue ('New name for UniChem', C+D, October 18, p8), Rob Burnley was identified as working at Cohen's Chemist in Holbeck. Mr Burnley has since brought to our attention that he works at the pharmacy as a locum and that his views were not expressed on behalf of Cohen's Chemist.

Fuel levies stay for now

Wholesalers resist calls to reduce or remove charges despite forecourt fuel price falls

Zoe Smeaton

Wholesalers are standing firm over fuel levies, saying they will not yet reduce or remove the charges despite tumbling forecourt petrol prices.

Fuel levies were introduced by Phoenix, AAH and UniChem this year, due to rising wholesaler costs as fuel prices reached record highs.

Last week, petrol prices at some supermarkets fell below the £1 per litre mark for the first time this year. But all three wholesalers have told C+D they have no plans to reduce fuel surcharges immediately.

However, the NPA will "ask wholesalers to revisit the cost of fuel surcharges and pass any cuts in costs back to the pharmacy", head of business development Raj Nutan said.

Contractor Prakash Mahtani, of Warwick Pharmacy in London, said wholesalers should "abolish the fuel charges" now prices had fallen.

Phoenix was constantly reviewing fuel prices, CEO Paul Smith said. If the cost of diesel fell and remained consistently at the level it was before the company introduced the surcharge, he said "we would like to remove it".

UniChem said the levy would be reconsidered once pump prices hit a "sensible" level, but could not give an exact figure.

And Jeff Bulmer, pharma services director at AAH, said the wholesaler would be "watching fuel prices like a hawk" to ensure customers were billed accordingly.

Of recent fuel price drops, he added: "We're very sensitive to fluctuating fuel prices but we are also aware that they can change very quickly. Incremental increases have to be absorbed and, at present, the fuel surcharge still falls well short of our extra costs."

FEBRUARY

Unleaded petrol is priced at £1.04 per litre and diesel at £1.09 per litre. Phoenix introduces fuel surcharge of £9.75 per month, saying it will drop it if prices fall below the £1 level

JULY

Prices hit £1.20 per litre for unleaded and £1.33 per litre for diesel

AUGUST

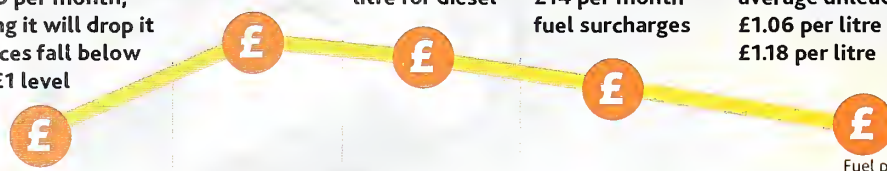
Supermarket price war sees prices drop to £1.13 per litre for unleaded and £1.26 per litre for diesel

SEPTEMBER

Unleaded prices fall to £1.13 per litre and diesel to £1.24 per litre. UniChem and AAH introduce £14 per month fuel surcharges

OCTOBER

Petrol prices fall faster than the summer rises. Some supermarkets cut prices to below £1 per litre for the first time since 2007. National average unleaded price is £1.06 per litre and diesel £1.18 per litre



Fuel price source: AA

Professional leaders 'must meet targets'

Leaders of the new professional body must be appointed by ordinary pharmacists and assessed against strict performance targets, the inquiry into creating the body has heard.

The recommendations came as almost 100 independent pharmacists debated the leadership role of the future professional body at the UniChem convention in Oman last week.

Contractors called for senior staff to be held accountable to the membership and tested against the strategic objectives of the board. The future leaders had to have integrity, honesty and inspire pride

in the profession, pharmacists said.

Some contractors called for senior staff to be recruited from outside of pharmacy. One commented: "A good pharmacist isn't necessarily a good leader."

Key targets for the professional body should include improved communications with grass roots pharmacists and stronger promotion of the profession to the public and government, contractors said.

Current representative body the RPSGB was widely condemned for past failings in these areas. One pharmacist said: "The Society has been seen as a toothless and clawless tiger. The dentists have

a tremendous representative body, when it speaks, the government shakes."

Another convention delegate added: "I've been a pharmacist for 20 years and the only communication I get from the Society is letters on fees."

Views from the debate will be submitted to Kirit Patel, chairman of the Transcom subgroup looking at leadership of the new professional body.

Transcom has been appointed by the RPSGB to create a prospectus for the future professional body and will report its findings this November. **MG**



C+D BUSINESS SEMINARS

Make your business stand out from the crowd. See page 24

The No. 1 sizes up its opportunities

Hannah Korkmaz

The makers of the best-selling OTC topical NSAID, Diomed, are adding to the success of the Ibuleve range with new, larger 100g packs - their largest packs yet. It's hoped that the new pack size will offer good value for money for those people who need pain relief for annoying or recurring conditions.

Best-selling Ibuleve gel, which is applied directly to the area of pain, is indicated for fast local relief of backache, rheumatic and also muscular pain, sprains and strains, as well as pain relief in common arthritic conditions. Its topical format makes it a popular alternative to oral ibuprofen tablets.

As fast and effective as pills?

Richard Knight

A published clinical study¹ has shown that, when treating soft tissue injuries such as sprains, strains and back pain, Ibuleve gel can match the efficacy and speed of pain relief offered by oral 400mg ibuprofen tablets.

The results of the study may be useful when making a pain relief product recommendation. And because Ibuleve is applied directly to the skin at the point of pain, it can minimise the risk of the side-effects associated with oral painkilling tablets.



Well-stocked: It's hoped that pharmacies will benefit from being able to offer larger, value for money packs of favourite products.

Latest update

NICE news

Recent guidance² from the National Institute of Clinical Excellence may affect pharmacists' recommendations when offering pain relief for osteoarthritis.

The guidelines show that it may be advisable to offer topical NSAIDs (for example, an ibuprofen gel) or paracetamol, before recommending oral NSAIDs (like ibuprofen tablets).

Not all the same

Not all ibuprofen gels may be the same, yet evidence suggests that some health professionals do not realise this.

An independent comparative study has shown that the advanced formulation of Ibuleve - the brand leader amongst OTC topical NSAIDs - penetrates the skin's lipid and water barrier up to five times more effectively than other common topical ibuprofens. With better education it's hoped that this kind of information will sink in.

1. Whitefield M, O'Kane CJA and Anderson S (2002) Comparative efficacy of a proprietary topical ibuprofen gel and oral ibuprofen in acute soft tissue injuries: a randomized, double-blind study. *Journal of Clinical Pharmacy and Therapeutics* 27, 409-417.

2. BMJ, March 2008. 'Care and management of osteoarthritis in adults: summary of NICE guidance.' Conaghan et al on behalf of the Guideline Development Group.

3. Hadgraft J, et al (2003) Skin Penetration of Topical Formulations of Ibuprofen 5%: An in vitro Comparative Study. *Skin Pharmacology and applied Skin Physiology* Vol. 16, No.3, 137-142.

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IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7OR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-serious arthritic conditions. Directions: Lightly apply a thin layer of gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. Contraindications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken or damaged skin. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 12 years without medical advice. If symptoms worsen or persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects: In normal use, side-effects are very rare, but may occasionally include hypersensitivity reactions, and in susceptible individuals, renal and/or gastrointestinal side effects. Legal category: [P] Pack: Ibuleve Gel (PL 0173/0060) - 100g, RSP £10.95 (£9.32 exc.VAT).

*IRI, MAT August 2008, Value Sales, Total All Outlets.

News in brief

UniChem tight lipped

UniChem has refused to commit to plans for a convention in 2009. Managing director Jeremy Main said he was disappointed by a decline in the number of pharmacists attending last week's event compared to previous years. The wholesaler planned to review the convention's format in a bid to attract fresh attendees, he added.

MD moves to Game firm

Former UniChem MD Terry Scicluna will join video and computer software firm Game. Mr Scicluna stepped down from the UniChem top job last month and was replaced by Jeremy Main, who was formerly the wholesaler's chief commercial officer.

April for GPhC

The launch date for the General Pharmaceutical Society has moved to April 2010, C+D understands. The GPhC had originally been due to take over the regulation of pharmacists from the RPSGB in January 2010, until a hold-up in the parliamentary approval of new legislation (C+D, October 11, p8).

RPSGB to stay Royal

The Royal Pharmaceutical Society will not lose its name under plans to transfer to a professional body from 2010. RPSGB president Steve Churton told C+D the 160-year-old title would be retained. However, members could expect a vastly different outlook from the future RPSGB, he added.

UniChem Scholl deal

UniChem is to become the exclusive supplier of Scholl Footwear to independent pharmacies. Orders for spring/summer 2009 can be placed with the wholesaler now.

UniChem rallies behind its support package

Alphega initiative offers "genuine" value for independents, says UniChem MD

Max Gosney

UniChem chiefs have rallied behind the company's Alphega Pharmacy initiative after some pharmacists questioned the benefits of joining the pan-European virtual chain.

Alphega was a "genuine" initiative to help independent pharmacy, UniChem MD Jeremy Main stressed at the wholesaler's convention in Oman last week.

Mr Main told C+D: "What I find a little challenging is that pharmacists think we're... making money for ourselves." UniChem did not profit from the group, he said.

The MD's comments came after convention delegates challenged company officials on the price of joining Alphega, during a business session.

John Goes, proprietor of JP Goes Pharmacy in Coventry, said many would struggle with the £250 to £499 monthly fees in the current economic climate.

Mr Goes said: "Times are hard in pharmacy. It's quite an investment for an individual to put in."

Some UniChem customers also told C+D they questioned the benefits Alphega could bring



UniChem chairman Mike Smith reopened David Lewis's Alphega-branded Morsy Lewis Pharmacy in Merseyside last month

until it significantly boosted UK membership beyond 66 pharmacies.

The Alphega package includes merchandising aid, retail support and one-to-one business advice. The group pledges 'strength in numbers' protection against category M.

Independents could not afford to turn their backs on this type of umbrella support, UniChem chairman Mike Smith warned.

He said: "Multiples can go to a PCT and commit to rolling out a service in 1,200 stores.

"You tell me how you are going to get independents together to do

the same. They're going to get that voice from Alphega."

The debate came as senior directors at UniChem's parent company Alliance Boots (AB) outlined plans to boost Alphega membership from 1,000 to 5,000 pharmacies across Europe.

Ornella Barra, AB wholesale and commercial affairs director, told delegates: "I believe it's a fantastic opportunity for UK pharmacies to improve their service."

UniChem goes international
See page 12

'Inexcusable' standards threaten livelihood

Independent pharmacies face extinction unless the sector takes action against poor professional practice, UniChem's chairman has warned.

A report by consumer magazine Which? had revealed "inexcusable" standards at some premises, Mike Smith told customers last week.

Forty six per cent of advice from independents was rated unsatisfactory in an investigation

published in Which? magazine last month. Unsuitable and potentially dangerous practice was rife in the sector, Which? claimed.

Mr Smith said: "It's up to you to put your house in order. We simply cannot afford another Which? report in a year's time."

The comments came as part of a call to action for contractors at UniChem's convention in Oman.

Independent pharmacy owners had to become more proactive to

thrive in the future NHS, the UniChem chairman claimed.

"Pharmacists need to be really positive about the future. If they don't they will wither and die."

The clinical services outlined in the pharmacy white paper were a huge opportunity for the sector, Mr Smith said.

However, success would depend on collaborative working as a profession and a commitment to quality, he concluded. **MG**

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UniChem is to be renamed as its parent company looks to create an international brand identity for its wholesale business. **Max Gosney** asks what this means for UK customers

A world of difference

Consolidation is very much in vogue. Last week's announcement that UniChem will be renamed Alliance

Healthcare is part of a penchant for safety in numbers hitting everyone from healthcare giants to high street banks.

UniChem will retain its autonomy, but is being brought in line with the other European pharmacy wholesale businesses operated by its parent company Alliance Boots (AB).

With margins under pressure from all quarters, the case for standardisation is strong, says Ornella Barra, wholesale and commercial affairs director at Alliance Boots. "Global markets are in the midst of a financial crisis," she says. "Growth is slowing in mature [European] markets. If you have a global machine it's easier to cope with market changes."

This philosophy is evident in AB's recent acquisitions. The company has bought stakes in wholesaling businesses in China and Brazil as it looks to capitalise on emerging markets. AB is banking on Rio rather than Rome to deliver the future double digit growth that is at the heart of executive chairman Stefano Pessina's business mantra.

AB's desire to create an international wholesale brand can also be traced to the shift in pharmacists' income from drug dispensing to providing health services. The trend has forced wholesalers to create new revenue streams by working with manufacturers to deliver added value patient services. A wholesaler that can deliver these health programmes in multiple countries under a single brand has the upper hand, says UniChem MD Jeremy Main. "If you're talking to manufacturers about delivering a patient care initiative throughout Europe there's an obvious advantage."

UniChem customers may also be hoping the combined buying power of an international wholesale brand can be passed down through improved discounts. Mr Main is reluctant to make any commitments, but UniChem chairman Mike Smith is more forthcoming. "Potentially our increased power could mean we can pass on greater benefits to our customers," he says. "Our commitment to pharmacy won't change."

The comment is indicative of UniChem's



“If you have a global machine it's easier to cope with market changes”

attitude to the name change. The company hierarchy emphasises what won't be lost when it becomes Alliance Healthcare. UniChem, they stress, will continue to serve the interests of independent pharmacy through professional service support and business advice.

The early reaction to the name change appears to be one of indifference. Pharmacists attending the UniChem convention in Oman last week appeared somewhat underwhelmed. As long as deliveries were on time and added value support continued then it was not an issue, C+D was told. Some contractors also seemed confident that bottom lines would benefit from being part of a broader wholesale group.

Indeed, pharmacists seem to be quite laissez-faire on the pooling of AB's wholesaling businesses. It is the development of a retailing brand that is proving to be the hot topic. Last

week's convention was dominated by debate over AB's Alphega Pharmacy concept.

The European virtual group is billed as a 'strength in numbers' solution for UK independents suffering from business pressures such as category M. For £250 to £499 a month, members are given a raft of business aids including merchandising tips, staff training and one-to-one advice on realising new funding opportunities. The chain has been a success in Europe with over a 1,000 members so far.

Yet some convention delegates did not seem convinced. John Goes, proprietor of JP Goes Pharmacy in Coventry, quizzed company chiefs over the pricing structure last week. He says: "Times are hard in pharmacy. It's quite an investment for an individual to put in." Some contemporaries also questioned the value of joining the chain until UK membership numbers rose beyond the 66 who are currently on board.

UniChem chiefs welcomed the debate. "As with anything there are lots and lots of views," Mr Main says. "I think there's a lot of interest in Alphega." The concept is designed as a genuine lifeline for independent pharmacists, not a "cynical" money spinner, he says.

As funding moved to providing patient care, independents will need the support package underpinning Alphega, he adds. "The key for me is that if independent pharmacy doesn't create a coherent system of delivering clinical services that it can take to PCOs [primary care organisations] then they'll start to be overlooked. That's the support Alphega Pharmacy offers."

As a result of feedback at last week's convention, UniChem says it is looking at Alphega membership fees. However, the wholesaler retains its conviction that the group is a great investment for independents. Mr Main says: "Over time the benefits will easily outweigh the investment."

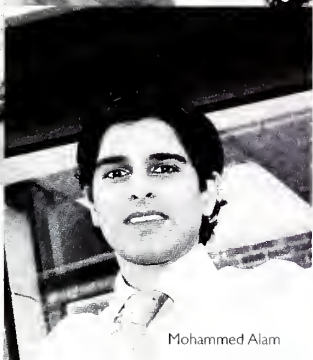
So in a very British way some UniChem customers appear to be split over Europe. The prospect of the Chessington-based wholesaler taking on a continental title appears to have gone down as easily as a café latte. However, on the issue of signing up to an international virtual group, for now some remain Eurosceptics.



George W. Wilson



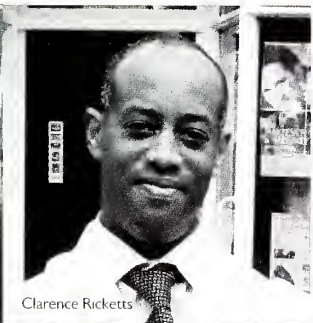
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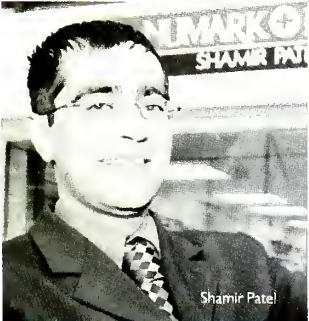
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Are we really the uncaring profession?

Pharmacists don't care about pharmacy.

That is the only conclusion that outsiders can draw from the profession's response to its very own white paper. Our response to what was hailed as a landmark in the development of pharmacy has been a deafening silence, while doctors' comments on our future have been extremely vociferous.

The Department of Health has revealed that, by October 12, it had received over 2,500 responses to the pharmacy white paper, and a staggering 99.9 per cent of them were from dispensing doctors and their patients. This is even more astounding when you consider that there are only 1,135 dispensing GP practices in England, so that's more than two responses for every practice.

If pharmacists and their patients were only to match GP responses, the DH's postbag would be bulging with over 20,000 in our favour. Surely we should be responding more than the doctors – we won't get another white paper focusing on pharmacy for a while, and its reference to dispensing doctors was relatively small.

John D'Arcy (C+D, October 18, p14), and many other supposedly powerful voices in

A staggering 99.9 per cent of responses to the pharmacy white paper were from GPs and their patients

pharmacy are doing their best to convince pharmacists that their new professional body matters. I think more pharmacists need convincing that their jobs matter. Just because we expect to be relatively protected from the effects of the credit crunch, nobody should assume they have a god-given right to work whenever and however they want to on the basis of qualifications they obtained when they were (much) younger.

Dispensing doctors are concerned about any threat to their income, and rightly so. But pharmacists seem oblivious to the fact that any

changes to the control of entry arrangements could potentially leave them looking for somewhere else to work. The ramifications of dispensing GPs selling OTC medicines could be disastrous. And shouldn't a few keen pharmacists be putting their hands up for some of those worthwhile clinical roles on offer?

There may come a point in the not too distant future when pharmacies are closing and some pharmacists find it difficult to get work. It will be too late to blame anyone else and the harsh realities of job searching and retraining will be painful reminders of past apathy. Dispensing GPs will never be in this position because they work hard at fighting their corner.

Many might consider responding to a government consultation is beyond them. But you don't have to be a political or literary genius to pen a few words in support of your profession. And you must have a patient or two who would positively relish the opportunity to share their point of view with the government. However it is said, it must be better than nothing.

It's not too late to make a difference. The consultation remains open until November 20.

Locum at Large

What's your view? haveyoursay@cmpmedica.com

Our healthcare sector condemned by a tiny sample

The unfavourable article

published by Which? a few weeks ago highlighted the obvious and almost inevitable variation in the quality of service delivered in Britain's community pharmacies.

To castigate and condemn a whole area of healthcare on the basis of a 0.1 per cent sample is as unfair as it is inaccurate. No one will deny that there is always room for improvement across the board in any enterprise and complacency has no place in any modern business. However, the picture is one that in my own experience is totally misleading.

Let me nail my colours to the mast and state that the situation described in a few pharmacies by Which? is definitely not the situation I see every day that I work as a locum pharmacist, whether I am employed in a supermarket or independent pharmacy, or in a high street or suburban chain.

Staff training has never been more important and every company spends a small fortune constantly updating the skills of their staff. Virtually every dispenser



or counter assistant in every pharmacy I attend is on a course of some description updating their skills. I am always hearing staff discussing their next module or training session and their chances of passing to a higher grade.

Finding time to study may be a problem for some in a busy pharmacy, let alone when they're at home coping with family and household chores. Yet everyone is determined to achieve their goals and every day staff demonstrate a knowledge of a wide range of topics

To condemn a profession on the basis of a 0.1 per cent sample is as unfair as it is inaccurate

far in excess of their predecessors 20, let alone 30, years ago.

Almost every medicinal sale is accompanied by the almost inevitable question, 'Are you taking any other medication?', to such an extent that I find many members of the public are somewhat irked by the frequent questioning.

Strangely enough, as a result of the article, I was contacted by the BBC and ended up doing a 10 minute radio interview. A sympathetic interviewer gave me full reign to make what I felt were the most important points in response to the article and to get across that I feel pharmacists and their staff are in many ways the great unsung heroes and heroines of our healthcare system.

One hears a lot about doctors, dentists, nurses, consultants, Nice, primary care trusts, hospitals etc,

but when do we ever hear anything about us? Regretfully, only when there's a drug scare, medicine recall, increase in prescription charges or some negative event takes place that affects pharmacies.

Never a word of praise or congratulation publicly. Every day we bat on dispensing an avalanche of prescriptions, labelling hundreds of containers, dealing with often difficult patients or their relatives, especially when the repeat prescription fails to arrive (our fault, never the doctor's). Nine, 10, even 11-hour days, on our feet virtually all the time, too tired to do anything except fall asleep in front of the television when we get home. And the next day we go through the whole thing again...

No doubt about it, dear reader, we are the heroes, sung or unsung, of our healthcare system.

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EHC: what you need to know

When you can – and can't – supply emergency hormonal contraception

Key points

- A single 1,500mcg dose of levonorgestrel is a highly effective emergency contraceptive with an acceptable side effect profile.
- Levonorgestrel 1,500mcg is licensed as a P medicine for women over 16, to be taken within 72 hours of unprotected intercourse.
- The drug increases the toxicity of ciclosporin, while drugs that induce liver enzymes could reduce the efficacy of levonorgestrel.

Alan Nathan FRPharmS

Levonorgestrel 1,500micrograms has been available as emergency hormonal contraception (EHC, the 'morning after pill') since 2001. At that time there was much debate over the wisdom of making EHC available over the counter, but sale from pharmacies without prescription does not appear to have led to either an increase in unprotected sex or to a decrease in the use of more reliable methods of contraception.¹

Commercially, the reclassification has been a success and pharmacy sale now accounts for about two thirds of all supply of levonorgestrel EHC. However, there is still some controversy over aspects of its supply. This article will review both the clinical aspects of EHC and some other associated issues.

Mode of action and efficacy

Originally presented as two levonorgestrel 750mcg tablets taken 12 hours apart, in 2004 the dosage regimen was changed to a single dose of 1,500mcg (Levonelle One Step, Bayer). It has been confirmed that this single

Reflect

How does levonorgestrel work and how effective is it? If a patient misses two combined contraceptive pills mid-course is EHC necessary? Is it safe for a breastfeeding mum? What drugs will reduce its effectiveness?

Plan

The main aspects of EHC are set out in this article, including when it should be taken and what cautions apply. Moral issues such as age, third party and advance supply, and religious objections are also covered.



This article can help in the following CPD competencies: **G1a, G1c, G1d, G1e, C1a, C1f, C2a**. See <http://tinyurl.com/68ox7b>



The UK has the highest rate of unplanned teenage pregnancies in Europe and the government plans to cut pregnancies among under-18s by 50 per cent by 2010

The College of Pharmacy Practice



This course (module 1454), in association with multiple choice questions being published in C+D November 1, provides one hour's continuing education

1,500mcg dose offers high efficacy as an emergency contraceptive with an acceptable side effect profile.²

Levonorgestrel is thought to act in one of several ways, depending at which point of the menstrual cycle it is used:

- Before ovulation it may prevent ovulation by delaying or inhibiting the release of the ovum from the ovary.
- After ovulation it may prevent fertilisation by affecting the motility of the fallopian tube and preventing sperm from meeting the ovum.
- After fertilisation it induces changes in the endometrium that render it unreceptive to the ovum and prevent implantation.

All the above mechanisms are considered to be contraceptive rather than abortifacient as, from a clinical viewpoint, fertilisation is not considered to have taken place and a foetus cannot develop until a fertilised ovum is implanted in the endometrium.

Clinical trial data show that, overall, levonorgestrel EHC prevents 85 per cent of expected pregnancies if used within 72 hours of unprotected intercourse, but effectiveness declines with time. It is 95 per cent effective if the first dose is taken within 24 hours, 85 per cent if used within 24 to 48 hours, and 58 per cent effective if used within 48 to 72 hours. It is not licensed for use after 72 hours.³

Dosage

Levonorgestrel EHC is licensed for use by women of 16 years and over. The tablet is taken as soon as possible after unprotected sexual intercourse, preferably within 12 hours and not more than 72 hours after. Unprotected intercourse may have occurred because of suspected failure of a barrier method or if part of a course of an oral contraceptive has been missed.

In the case of a missed pill or pills, contraceptive effectiveness can be considered to be compromised and EHC offered if intercourse has taken place within seven days of the following:

- **Combined contraceptive:** two or more pills missed from the first seven in a pack, or four or more pills missed mid-course. But if two or more are missed from the last seven in a pack, EHC is not necessary providing that the next pack is started immediately, ie without the normal pill-free break.
- **Progestogen-only contraceptive:** if one or more pills has been missed or taken more than three hours after the usual time.

In the above situations additional contraceptive precautions should be taken until consecutive daily pill taking at the correct time has been resumed for at least seven days.

Taking levonorgestrel EHC may delay or bring forward the onset of the next period by a few days, but should not otherwise disrupt the cycle. Repeated

PANEL 1: OTHER EMERGENCY CONTRACEPTIVE METHODS

IUCD Insertion of a copper intra-uterine contraceptive device (IUCD) within five days (120 hours) of unprotected intercourse is extremely effective, reducing the risk of pregnancy following unprotected intercourse by more than 99 per cent. In addition, an IUCD can be left in place to provide contraception for up to 10 years.

Mifepristone An anti-progestogenic steroid, usually used to terminate pregnancies, given as a single dose of 10mg within 72 hours of unprotected intercourse, is at least as effective as levonorgestrel 1,500mcg. Its use for emergency contraception is an unlicensed indication.



Customers should be able to discuss requests for EHC with a pharmacist in privacy

courses are not dangerous, but can disrupt the cycle. Levonorgestrel EHC is not suitable as a regular means of contraception, and women who ask repeatedly for supplies should be advised to consider long-term methods.

Contra-indications

There are few situations in which levonorgestrel EHC cannot safely be recommended. The only contra-indications are:

- hypersensitivity to levonorgestrel.
- pregnancy, because it will be ineffective, although there is no evidence that the foetus will be harmed if the preparation is taken by a pregnant woman. Before making a supply a pharmacist should ask appropriate questions to confirm that a prospective purchaser is not already pregnant: if she is, she should be referred to her doctor.
- conditions such as severe diarrhoea or Crohn's disease, in which there is a high risk that the medication will not be absorbed.

A relative contra-indication is breast cancer, although the risk to a sufferer from the medication is much less than that of pregnancy. Breastfeeding is not a contra-indication as only small amounts of levonorgestrel appear in breast milk. Any potential problem can be overcome by taking a dose immediately after feeding and not feeding the baby for at least three hours after taking a dose.

Side effects

Side effects are as for progestogens generally and include abdominal pain,

headache, dizziness, fatigue and breast tenderness, but these are not usually serious.⁴

The main undesirable effect is nausea, which in clinical trials affected 23 per cent of subjects. Vomiting occurred in about 5 per cent of subjects. If vomiting occurs within three hours of a dose of levonorgestrel, absorption will be impaired and another dose must be taken as soon as possible. A dose must be kept down for at least three hours within 72 hours of intercourse to ensure effectiveness.

There are no medications to prevent nausea and vomiting that are licensed for non-prescription sale in these circumstances. Antihistamines for motion sickness and domperidone are available without prescription, but supply would be outside their licensing conditions.

Interactions

Levonorgestrel is metabolised in the liver; drugs that induce liver enzymes will therefore increase its metabolism and could reduce its effectiveness. These drugs include: primidone, phenytoin, carbamazepine, St John's wort, griseofulvin, rifampicin, rifabutin and ritonavir. Levonorgestrel itself inhibits the metabolism of ciclosporin, raising plasma levels and increasing the risk of toxicity. Patients taking any of these drugs should be referred to their doctor.

Repeated requests for EHC

There is no evidence that repeated use is harmful, but levonorgestrel EHC is not intended to be used as a means of regular contraception. Repeated use is also likely to disrupt the menstrual cycle. If a client asks repeatedly for supplies, the pharmacist should explain this and advise on conventional methods of contraception.

Third-party requests for EHC

It is not a requirement of the licensing conditions that the supply of EHC must be made to the client in person. However, a pharmacist is unlikely to be able to obtain all the necessary information from a third party to decide that supply is appropriate. Supply to a third party should therefore be made only in exceptional circumstances.

Requests in advance of need

The licensing conditions for levonorgestrel EHC do not prohibit supply as a standby in case of condom failure or unanticipated unprotected intercourse. However, a Cochrane systematic review concluded that the chance of pregnancy was similar regardless of whether or not women have emergency contraception on hand before unprotected sex, although women who had a standby supply were more likely to use it, and to use it sooner after sex.⁵ The review also found that having emergency contraception on hand did not change use of other kinds of contraception or change sexual behaviour.

Age of client

The rate of unplanned teenage pregnancies in the UK is the highest in Europe, although it has been falling in recent years. In England between 1998 and 2006 the rate fell by around 15 per cent to 40.4 conceptions per 1,000 girls per year aged 15 to 17, and for 13 to 15-year-olds by the same proportion to 7.7 per 1,000. However, this is well below the government target of reducing pregnancies among under-18-year-old girls by 50 per cent by 2010 from its level in 1998, and in the last two years

the rate has begun to rise again.

As part of the attempt to reduce these numbers, several health authorities, particularly in areas of high social deprivation where the problem is greatest, have introduced schemes allowing pharmacists to supply levonorgestrel EHC free of charge to girls under the age of 16 years, under patient group directions.

Moral objections to supply

Some pharmacists have moral or religious objections to hormonal contraception. Others may be prepared to supply contraceptives but regard EHC as a form of abortion, as they believe that life commences with fertilisation of the ovum and not with implantation of the fertilised ovum into the uterine wall. There is regular discussion within the profession about the morality of supply, although most pharmacists have no ethical objections and are happy to supply so long as licensing and professional requirements are met.

A recent qualitative study based on semi-structured interviews found that dispensing EHC was ethically acceptable for almost all pharmacists, but that some objected to selling it on religious grounds.⁶ It concluded that pharmacists' ethical views on EHC and the influence of religion

varied and, together with some pharmacists' reliance on non-clinical factors, led to a potentially variable supply, which may threaten the prompt availability of EHC. It also found that misunderstandings among pharmacists about EHC perpetuated lay beliefs and potentially threatened correct advice.

The RPSGB's Code of Ethics respects the right of pharmacists with religious or ethical objections not to supply EHC themselves, but they must not obstruct a client's right to obtain EHC and are expected to treat requests sensitively and advise where a supply can be obtained quickly.

Privacy and confidentiality

It is extremely important that a client is able to discuss a request for EHC with a pharmacist in privacy. Arrangements should be made to facilitate this, and the Society's guidance requires that pharmacists should personally deal with all requests for EHC.

Practice guidance

Full practice guidance for pharmacists on the supply of EHC as a P medicine is available from the RPSGB at www.rpsgb.org/pdfs/ehcguid.pdf. Updated advice on supply in advance of need is available at www.rpsgb.org/pdfs/pr061218.pdf.

Alan Nathan FRPharmS is a pharmacy writer and consultant and visiting lecturer at King's College London. Some information in this article is based on his book, *Non-prescription Medicines* (3rd edition), published by the Pharmaceutical Press.

References are available online at www.chemistanddruggist.co.uk/update

Your Continuing Professional Development



Act

- For more information about the supply of EHC read the RPSGB's Practice Guidance on the Supply of EHC at www.rpsgb.org/pdfs/ehcguid.pdf and the updated advice on advance supply at www.rpsgb.org/pdfs/pr061218.pdf
- Read your pharmacy's standard operating procedures for the supply of EHC, especially if you do not get regular requests. Make sure that your staff are aware of the protocol. Complete the relevant CPPE or other training course if you have not already done so.
- Information on family planning services, their location, opening hours and services provided should be available in every pharmacy along with information on genito-urinary medicine clinics. Make sure your pharmacy has this information ready to hand and that staff and locums know where to find it.
- Many primary care trusts are running schemes to provide EHC to 13 to 19-year-olds free of charge under patient group directions. Find out what is available in your area. Could you take part in such a scheme?
- Revise your knowledge of combined hormonal and progestogen-only contraceptives by reading section 7.3 in the British National Formulary.

Evaluate

- Are you now familiar with EHC, how it works and its interactions and side effects? Could you explain this to a patient? Do you feel you can confidently supply this medicine?

November heralds a bleak period for many people. Next week's Update suggests advice you could give to someone suffering from seasonal affective disorder.

Want to learn more about a particular clinical topic? Find relevant Update articles by going to: www.chemistanddruggist.co.uk/update

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 1 issue, which will cover this

month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist+Druggist in association with
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GENUS PHARMACEUTICALS

A Practical Approach

Invitation to work on a formulary

Product Information



A young man has come into the Update Pharmacy and asked to speak to pharmacist David Spencer.

"Hello," says the young man. "I'm Stephen Ferris, the new GP registrar at Dr Hahn's practice. I thought I'd just come in and introduce myself."

After exchanging a few pleasantries, Dr Ferris says: "Part of my reason for coming to see you is to ask if you would help me out. I've been talking to some of the other GPs in the area and they say that you really know your stuff."

"I'm flattered by that, and of course I'll help if I can. Tell me more," David replies.

"Well, Dr Hahn is getting on and I think his prescribing is rather behind the times. He also tends to be a bit crusty and resistant to any suggestions of change from me."

"Yes," replies David, "I've recent

experience of that; he was rather dismissive over a medicine review I did." (See C+D, April 19, p21).

Dr Ferris goes on: "So you know what I mean. An immediate problem is his prescribing for Sunny Days residential home for the elderly. He's been prescribing olanzapine and nitrazepam left, right and centre, and I think it's inappropriate."

"Yes, I've experienced that too," David says (C+D, July 5, p22).

"Well, I'd like you to help me reform the prescribing in the practice, and I'd like to start by the two of us writing a formulary for prescribing for Sunny Days. Will you help me? I'll pay you appropriately, of course."

"It sounds very interesting, but there are some things I'll need to think through first. Can I get back to you in a couple of days?"

Questions

1. What are the issues that David will have to think through and what are his options?
2. What did David do?
3. Having seen what David did, what would you have done differently?

Email haveyoursay@cmpmedica.com with your suggestions, with 'Formulary' as the subject.

This article can help in the following CPD competencies: **G1i, G1l, G1s, G5j, G8g, C4b, C4e.** See <http://tinyurl.com/68ox7b>



1. The relationship between David and the two doctors, and also the interests of the residents of Sunny Days. Co-operation between the residents' best interests. Working with Dr Ferris alone could antagonise Dr Hahn, while declining to work with Dr Ferris could antagonise him. Should David contact Dr Hahn and talk to him about the approach from Dr Ferris, and suggest that the three of them collaborate on the formulary? Should he just go ahead and work with Dr Ferris? Or should he politely decline to be involved at all? However, Dr Hahn's current prescribing is clinically inappropriate, could be harming some of the Sunny Days residents and should be improved. 2. He told Dr Ferris he would be happy to work with both doctors on a formulary, if Dr Hahn agreed. He said that Dr Ferris should approach Dr Hahn and then come back to him if the latter agreed to the idea and was prepared to work with both of them.

Answers

C+D's
A Practical
Approach
is supported by



• Can you suggest a scenario for Practical Approach? Email ideas to haveyoursay@cmpmedica.com

Clinical Alerts - Sign up for C+D's free newsletter at www.chemistanddruggist.co.uk/register

SPC Changes

Dulcolax Perles, Dulcolax Liquid (sodium picosulphate) Change to contraindications. Boehringer Ingelheim, 01344 741286, medinfo@bra.boehringer-ingelheim.com
Zyban 150mg prolonged release film-coated tablets (bupropion) New information on overdose. GlaxoSmithKline, 0800 221441, customercontactuk@gsk.com
Lyflex 5mg/5ml oral solution (baclofen) Change to undesirable effects. Chemidex Pharma, 01784 477167, info@chemidex.co.uk
Disipal tablets (orphenadrine hydrochloride) Changes to undesirable effects, contraindications and special warnings and precautions for use. Astellas Pharma, 01784 419615.
Robitussin Chesty Cough with

Congestion (guaifenesin, pseudoephedrine) Extensive revisions. Wyeth Consumer Healthcare, 01628 669 011, carelineuk@wyeth.com
Clopixol tablets, Clopixol Acuphase Injection, (zuclopenthixol) Changes to sections on pregnancy and lactation, ability to drive and use machines, and shelf life. Lundbeck 01908 638972, ukmedicalinformation@lundbeck.com
Evra transdermal patch (ethinylestradiol, norelgestromin) Removal of Black Triangle, addition of interaction with lamotrigine and colitis added to undesirable effects. Janssen-Cilag, 0800 731 8450, medinfo@janssen-cilag.co.uk
Mirapexin 0.088 mg tablets (pramipexole) Changes to

undesirable effects and pharmacodynamic properties. Boehringer Ingelheim 01344 741286, medinfo@bra.boehringer-ingelheim.com
Episenta 500mg and 1,000mg prolonged release granules, and 150mg and 300mg prolonged release capsules (sodium valproate) Change to special warnings and precautions. Beacon Pharmaceuticals, 01892 600930, info@beaconpharma.co.uk
<http://emc.medicines.org.uk>

Change of contact details

Cephalon Medical information 0800 783 4869, ukmedinfo@cephalon.com

Get SPC changes in your inbox each week: www.chemistanddruggist.co.uk/register

Name: Cymex Ultra®. **Active ingredient:** Aciclovir 5% w/w Cream. **Indications:** Treatment of herpes simplex virus infections of the lips and face. **Dosage and administration:** Treatment should be initiated as soon as possible after start of infection. A thin film of cream should be applied to the infected and immediately adjacent skin areas 5 times a day at 4 hourly intervals during the day. Treatment should be continued for 5 days, followed by a further 5 days treatment if healing has not occurred. **Contraindications:** Hypersensitivity to aciclovir or any other preproportion ingredients. **Warnings and precautions:** Consider oral dosing in severely immunocompromised. The cream must not be applied to the mucous membranes, as local irritation may occur. Avoid contact with the eye. Only recommended for use on cold sores on the lips and face. Cetyl alcohol may cause local skin reactions. Propylene glycol may cause skin irritation. **Interactions:** Probenecid. **Pregnancy and lactation:** Seek advice of doctor before use. **Undesirable effects:** Occasionally reddening, dehydration and scaling of the treated skin. After application transient burning or stinging of the treated skin area may occur. **RRP (excl VAT):** £4.50. **Pack size:** Tubes of 2g. **Legal category:** GSL. **PL number:** 20395/0001. **PL holder:** Relonchem Limited, 27 Old Gloucester Street, London WC1N 3XX. For further sales information contact Actavis (UK) Ltd, Whiddon Valley, Bournemouth, North Devon, EX32 8NS. **Date prepared:** September 2008.

Name: Cymex® cream. **Presentation:** White cream containing 1.0% urea BP, 0.5% Cetrimide BP, 9.0% Dimethicone 350 BPC and 0.1% Chlorocresol BP. **Indications:** For the application to cold sores and cracked lips. **Dosage:** Apply sparingly every hour. **Contraindications:** None known. **Warnings and precautions:** For external use only. If symptoms persist consult a doctor. **Interactions:** None known. **Pregnancy and lactation:** Can be used during pregnancy and lactation. **Undesirable effects:** None known. **Legal category:** GSL. **MA number:** 30306/0028. **MA Holder:** Actavis Group PTC ehf, Reykjavíkurvegi 76-78, 220 Hafnarfjörður Iceland. **Trode price:** £7.47 for a case of 6. **Pack size:** 5g tube. **Date of preproportion:** 2nd October 2008.

actavis
creating value in pharmaceuticals



There's more
than one stage
to a cold sore.
That's why now
there's more than
one Cymex.

www.cymex.co.uk



NEW

Cymex

Ultra

Aciclovir 5% cream

5 DAY COLD SORE TREATMENT

2g

EFFECTIVELY TREATS
 x **itchy tingling** x **Blister**

contains aciclovir



Cymex[®]

cream for
COLD SORES & DRY CRACKED LIPS

5g

TRIPLE ACTION FORMULA

- X SOOTHES tingling
- X RELIEVES cracked lips
- X CONTROLS infection

TRIPLE ACTION FORMULA

- ✕ SOOTHES tingling
- ✕ RELIEVES cracked lips
- ✕ CONTROLS infection

Clinical Alerts

New Products

Trandolapril capsules 0.5mg x 14, 1mg x 28, 2mg x 28, 4mg x 28 Actavis, 01271 311257, medinfo@actavis.co.uk

Xamiol gel (calcipotriol and betamethasone dipropionate)

For topical treatment of scalp psoriasis. Leo Pharma, 01844 347333, medical-info.uk@leo-pharma.com

Supply Issues

Dexa-Rhinaspay Duo (dexamethasone, tramazoline hydrochloride) Product withdrawn. Boehringer Ingelheim 01344 741286, medinfo@bra.boehringer-ingelheim.com

Ortho diaphragm coil, Gyno Daktarin pessaries and All-Flex diaphragm Manufacturer plans to discontinue some Ortho diaphragm coil and Gyno Daktarin pessaries products, and to replace the latex All-Flex line with product made from silicone. Stocks are expected to run out on various dates during late 2008 and early 2009. Janssen-Cilag, 01494 567567.

Anti-aspirin argument grows

Regular aspirin should only be given to patients with established heart disease, stroke or limb artery disease, say the authors of a study published by bmj.com.

Based on the results of their own study and on six other well-controlled trials, they argued that clinical guidelines recommending aspirin treatment for patients with diabetes and peripheral arterial

disease should be changed.

These guidelines, they said, were inconsistent with the "considerable" evidence showing no protective benefit of aspirin in high risk patients without heart disease.

A British Heart Foundation spokesperson agreed the findings added weight to the argument that aspirin should not be prescribed for patients without evidence of

disease, and added that aspirin was a powerful drug. "People should not take aspirin every day without talking to their doctor first."

An accompanying editorial by Dr William Hiatt of the University of Colorado said the findings showed aspirin benefits only those with a history of heart disease or stroke.

<http://bmj.com>
www.bhf.org.uk

Bodily fat found to boost inflammation

Bodily fat boosts inflammation while physical fitness reduces it, according to research published online by the British Journal of Sports Medicine.

The findings provided a new potential explanation for the fact

that higher levels of fitness and lower levels of fatness reduce risk of cardiovascular disease.

The study of 452 men taking part in the Aerobics Centre Longitudinal Study looked at the levels of different groups of white

blood cells during exercise.

It found white blood cell levels were lowest in men who were most physically fit, and that the greater proportion of fat a man had, the higher his white blood cell counts.

<http://bjsm.bmj.com>

MUR ZONE

More than 100 MUR tips and guides are now online at: www.chemistanddruggist.co.uk/murzone

Handwashing day praised

Health Protection Agency officials have hailed this year's Global Handwashing Day initiative and emphasised hand-washing's role in controlling norovirus infections.

The agency said there was evidence that rates of infection of the winter vomiting bug were already rising. www.hpa.org.uk
www.globalhandwashing.org

Contraceptive approved

Bayer has won European approval for its Qlaira (dienogest/estradiol valerate) oral contraceptive. This is the first estradiol-based oral contraceptive, the company says.

Previous attempts to use

estradiol in oral contraception have failed to control bleeding control. However, the combination of estradiol and dienogest controls the cycle as effectively as 20micrograms of ethinyl estradiol.

Clinical Briefs

Angioplasty first line

Primary angioplasty is to replace clot busting drugs as the first line treatment for heart attack, Department of Health officials have announced. The decision follows the National Infarct Angioplasty Project (NIAP) report, which shows the change in policy will save 240 lives each year, prevent strokes and reduce complications and recurrences. <http://tinyurl.com/6ozeda>

WMA gets tough on trials

World Medical Association leaders have adopted a revised version of the Declaration of Helsinki that takes a tough stance against practices that exploit research subjects. Aimed particularly at countries in the developing world, the new

Declaration puts limits on studies comparing experimental treatments with placebo to situations where patients given placebo will not suffer serious or irreversible harm. It also reaffirms subjects' rights to benefit from research results including access to interventions found to be beneficial. www.wma.net

Metformin benefits type 1

Patients with poorly controlled type 1 diabetes mellitus lose weight, reduce their use of insulin and suffer fewer hypoglycaemic episodes when treated with metformin, a Danish study has revealed. However, the results did not show significant improvements in HbA1c levels. <http://tinyurl.com/6gskuh>

Chlamydia

Are you ready to **TEST** and **TREAT**?

FOLLOW THE SIMPLE FIVE POINT PLAN:

1. Order an NPA Chlamydia Resource Pack
2. Ensure your Pharmacy has internet access (broadband is best) - you'll need internet access in order to verify test results for patients.
3. Register pharmacy details on www.glgresults.co.uk
4. Train your staff
5. Supply Clamelle Chlamydia Test Kits and Clamelle Azithromycin 500mg Tablets from your pharmacy - available from wholesalers from October onwards

Call the NPA Sales Team now on **01727 800401** to place your order or for more information. (cost £21 excl VAT) Order code **CHL001**. Information also available at www.npa.co.uk/members



Ibuleve it's even bigger

Topical analgesic brand Ibuleve has been extended with the introduction of a 100g pack size. The pharmacy-only pack is said to offer users better value for money.

Containing ibuprofen, Ibuleve's uses include treatment of joint pain, back pain and non-serious arthritic conditions, says Dendron. The brand claims to offer pain relief on a par with 400mg ibuprofen tablets

for soft tissue injuries.

Point of sale materials including giant pack showcards, A5 script clipboards and shelf tags are available.

Price: £10.95/100g
Pip code: 338-8824
Dendron
Tel: 01923 229251



Koolpak ventures into retail



A range of hot and cold therapy products has been launched by Koolpak.

Already established in the sports sector, the brand is now expanding into retail with the launch of five products.

The range includes an Instant Ice Pack for use on children to soothe bumps and bruises and a Reusable Hot & Cold pack for ongoing treatment in the home.

Prices and Pip codes: see C+D monthly Pricelist or visit www.cddata.co.uk
Koolpak
Tel: 0800 180 4285
www.koolpak.co.uk

Green tots get washable wipes

A reusable baby wipe system has been launched. Said to be more economical and better for the environment than disposable wipes, Cheeky Wipes are made of terry towelling cloth.

The full kit includes 25 wipes together with two containers, a mesh bag for putting them into the washing machine and two different essential oil blends.

Clean wipes are put in the first

container together with water and a few drops of fresh wipe essential oils. Once used, they are put in the mesh bag in the other container with the second essential oil blend for dirty wipes, then washed with the next load of washing.

As well as the full kit, the different elements can be purchased separately.

Advertising, marketing and PR activity is supporting the launch.

Brochures and staff training are available.

The wipes have been shortlisted for the Baby Products Association baby and child awards debut product of the year 2008.

Price: kit £29.95
Cheeky Wipes
Tel: 0845 300 9086
www.cheekywipes.com

Get training with chlamydia kit

Actavis has this week been delivering free-of-charge pharmacy training materials for chlamydia testing and treatment to all UK community pharmacies.

The training materials are aimed at preparing pharmacists to offer the NPA's chlamydia testing service using the Clamelle Chlamydia Service. The package includes Clamelle azithromycin 500mg



tablets, a non-prescription oral antibiotic, as well as the Clamelle Chlamydia Test Kit.

The materials have been accredited by the College of Pharmacy Practice and the British Association of Sexual Health and HIV.

Product info:
Actavis
Tel: 01271 311200

In next week's issue, learn about

The Power to get through colds & flu

Nothing treats more cold & flu symptoms than Olbas Powerflu



Always read the label. Olbas Powerflu: Paracetamol, Codeine phosphate, Diphenhydramine hydrochloride, Phenylephrine hydrochloride, Caffeine, Vitamin C Tablet: Sodium ascorbate & Ascorbic acid. Also contains lactose and sucrose.

Olbas Powerflu plus Vitamin C Tablets. Distribution and Product Licence held by GR Lane Health Products Ltd, Sisson Road, Gloucester, GL2 0GR UK. Indications: Olbas Powerflu: For the relief of symptoms associated with colds & flu. Vitamin C Tablet: For use as a Vitamin C supplement in cold & flu infections. Warning: Taking codeine regularly for a long time can lead to addiction. Do not take with other paracetamol-containing products. Do not exceed the stated dose. May cause drowsiness. Avoid alcoholic drink. Legal category: (P) Further information is available from GR Lane Health Products Ltd at the above address. Date: July 2008

Maximise your pharmacy's potential

A one-day seminar for pharmacists to improve productivity and maximise the business opportunities offered by the Government's Pharmacy White Paper

- MONDAY 24 NOVEMBER 2008
- VENUE: LUDGATE HOUSE, 245 BLACKFRIARS ROAD, LONDON SE1 9UY

In association with



balance

Attend the seminar and learn how to:

- recognise and build on your business strengths
- prioritise areas for development in your pharmacy
- find a successful business model for you
- identify opportunities in the Pharmacy White Paper
- create a bespoke action plan for your business

Facilitators

- Mike Holden, chief officer of Hampshire & Isle of Wight LPC
- Deborah Evans, practising community pharmacist and performance coach

Community pharmacy is an intensely competitive business and one that has been hit by cash flow and operational challenges as the government recovers excess purchase profits with little or no warning.

But there are new opportunities ahead in the government's white paper vision for pharmacy. Attend C+D's Business Seminar and find out how you can gain a competitive advantage and maximise your pharmacy's potential by getting your business ready now. Changing what you do and how you do it is essential for survival.

The format of the seminar will be practical and hands on. You will examine issues from your own business and leave ready to create a powerful and unique action plan for your business. The seminar will show how a clearly defined business strategy, motivated staff and a focused approach to reaching your business objectives, can pay dividends.

Download the full programme, booking form and cancellation policy at www.chemistanddruggist.co.uk/seminar

Programme

9.30am	Registration and refreshments
10am	Introduction and overview of the pharmacy landscape <ul style="list-style-type: none">● The key policy drivers● Why you need to adapt your business● Q&A on the Government's blueprint for pharmacy
11am	Group exercise <ul style="list-style-type: none">● Review your business objectives and identify ideas for development● What makes your business succeed?● What is getting in the way of it being even more successful?● What ideas do you want to implement?
12pm	Your business <ul style="list-style-type: none">● How to analyse your business● How to define a direction and implement it● Identifying what makes your business unique● Identifying what opportunities you can exploit● Understand competitive advantage
1pm	Lunch
2pm	Business models <ul style="list-style-type: none">● What different business models are there?● Which business model is right for you?● Key features of different models● Pros and cons for each● Your current business model● Future proofing your business model
3.30pm	Change management <ul style="list-style-type: none">● Learn how to put this learning into practice● Tools to help you deliver change in your business● Recognising where to focus to make the change happen● Making it happen and ensuring you keep on course
4.30pm	Questions and summary <ul style="list-style-type: none">● The day's learning plus actions and top tips to take away
5pm	Close

Booking form

Yes! I would like to attend the 'Maximising Your Pharmacy's Potential' seminar.

Full day seminar including refreshments and lunch: £195 + VAT (£229.12) per delegate place

Title _____ First name _____ Surname _____

Pharmacy _____

Address _____

Postcode _____

Daytime Telephone _____ Email _____

Number of places required _____ I enclose a cheque for £ _____ made payable to CMP Information.

OR please charge my credit card for £ _____ Card type _____

Card number _____ Expiry date _____ Issue no. (debit cards only) _____

Signature _____

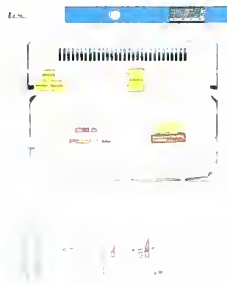
Please send your completed booking form to: Elaine Steele, C+D, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE or call 01732 377621 to book your place

CMPMedica would like to keep you up to date about our products and services for healthcare professionals. (Please note our emails may also include information from other carefully selected companies that may be of interest to you.) Your details WILL NOT be passed on to third parties without your consent. If at any time you do not wish to receive information from CMPMedica, please write to Emily Miles, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE. You can view our privacy policy at www.chemistanddruggist.co.uk/privacypolicy

Keeping cool with Lec

Two fridges for pharmacies have been launched by Lec Medical. Featuring open door sensors, the fridges offer pharmacies a safe and reliable environment for the storage of drugs and vaccines, says the company.

The PE207 countertop model (pictured) is suitable where space is limited or a small amount of storage is required. Meanwhile, the PE1607 is the company's largest fridge,



offering a gross capacity of 444 litres. Both are available with glass doors, are lockable and maintain a temperature of between 2 and 8°C. The pair bring to 10 the number of Lec Medical's fridges suited to use in pharmacy.

List prices: PE207: solid door £630.40, glass door £840.15; PE1607: solid door £2,530.00, glass door £2,750.00
Lec Medical; tel: 0871 222 5119

Products in brief

Essential depilatory

The Nad's hair removal brand has launched the Essential Hair Removal Kit exclusively in Boots. Comprising pre- and post-hair removal products, the kit includes Natural Hair Removal Gel, Xfol follicle release scrub, Depilizee soothing balm and Ingrow Solution. Packaging is recyclable and conveys the brand's 'natural, premium and simple' messages. Price: £19.95

Jenks Sales Brokers
Tel: 01844 293600

Power up online

A new website has been created by Power Health. Designed to help the public find where to buy Power products, the site includes a stockists database. The product section gives information on ingredients while a suggestions area offers ideas for supplements for certain conditions. Stockists who would like a photo of their shop added to the website should contact Jenny Baillie.

Power Health, tel: 01759 302595
jenny.baillie@power-health.co.uk
www.powerhealth.co.uk

Listerine makes a PR splash

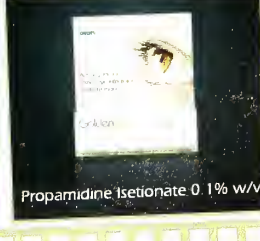
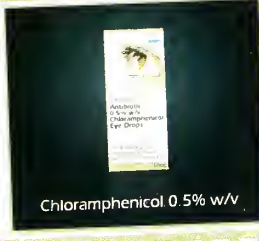
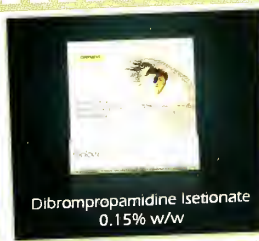
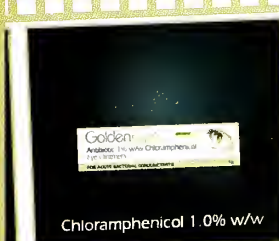


Advertising for mouthwash Listerine is ongoing until the end of next month conveying its "There's no deeper clean than Listerine" claim. The brand has been appearing on television and in the press as well as on buses and around the underground in London.

A PR event in London's Broadgate Arena saw a team of water dancers performing in a water tank (pictured), while more than 10,000 samples of Listerine Stay White were given out to passers-by.

Product info:

Johnson & Johnson, tel: 01628 822222



GoldenEye® Relief is Golden.

Conjunctivitis, Irritations, Blepharitis, Styes...

- The Golden Eye range has a formulation and format that's convenient for all your customers
- Golden Eye Drops, Ointment, Antibiotic Drops and Antibiotic Ointment



Eye-catching support

The trusted, pharmacy eye care brand is now supporting sales in pharmacy with show-stopping counter display stands!

Contact your Dendron representative

Golden Eye Antibiotic 1% w/w Chloramphenicol Eye Ointment. Marketing Authorisation held by: Martindale Pharmaceuticals Ltd., Bampton Road, Romford, RM3 8UG. **Golden Eye Antibiotic 0.5% w/v Chloramphenicol Eye Drops Marketing Authorisation held by:** Tubilux Pharma SpA, Via Costarica, 20/22 - 00040 Pomezia, Rome, Italy. **Distributed by:** Typharm Ltd., 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the topical treatment of acute bacterial conjunctivitis. **Golden Eye 0.1% w/v Eye Drops Solution and Golden Eye 0.15% w/w Eye Ointment. Marketing Authorisation held by:** Typharm Limited, 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the treatment of minor eye or eyelid infections, such as conjunctivitis and blepharitis. **Legal Category** [P] Further prescribing information is available from Typharm Ltd, at the address above.

Sanex range gets a grip



Sanex bath and shower range is now available in an 'easy grip' bottle and flip top lid. The brand also has new formulations with more moisturising agents.

A six-week TV campaign supporting the brand kicks off next month and runs until the end of January. Sanex is also supporting Healthy Skin Month and the



website www.healthyskinmonth.co.uk includes expert advice from skin specialists and a live web TV show on November 5.

Prices: shower: £1.89/250ml, £3.19/500ml; bath: £3.19/750ml
Sara Lee
Tel: 01753 523971

Cherry picked

GSK's fruit-flavoured indigestion brand Tums has relaunched with updated packaging and a new cherry flavour. The shorter, stouter 75-tablet jar is designed to boost the brand's on-shelf impact while the new label updates the look.

Containing the antacid calcium carbonate, the tablets are suitable for heartburn and indigestion sufferers aged over 12, including pregnant women.

Shelf trays highlighting the new flavour are available while Pharmasite posters will be displayed from early November.

Product info:

Ceuta Healthcare
Tel: 01202 780558

Beechams Brian's battle begins

National television advertising for Beechams All-in-One begins this week, reports manufacturer GSK. The 30-second 'Fight Back' ad is a repeat of the spoof documentary first seen last year featuring 'Brian'

fighting an army of cold and flu symptoms armed with Beechams All-in-One. The key message is that, with three active ingredients, the product fights more symptoms than paracetamol alone. Further

10-second slots are running on GMTV during the channel's winter health event this week.

To reinforce the TV activity an outdoor campaign will see tube and train posters in the south east in the first half of December and 48 sheet posters throughout January alongside roads and railways. Radio advertising will run during December and January.

Meanwhile, in-store the Fight Back theme is continued on POS materials including wobblers, showcards and cubes.



Product info:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.beechamsfightback.com

Products in brief

From P to GSL?

Consultation is underway on the proposed switch from P to GSL of Ultra Chloraseptic spray. Prestige Brands believes the benzocaine-containing sore throat spray fulfils the criteria. Comments should be submitted by November 13.

www.mhra.gov.uk

For on TV this week see:

www.chemistanddruggist.co.uk/productnews

Merial strikes distribution deal

Merial Animal Health has reached an arrangement with wholesalers UniChem and Sigma to supply its flea and tick treatment, Frontline Spot On, to pharmacies. The move

Product info:

UniChem (specials division)
Tel: 01775 515 498/499
Sigma
Tel: 0800 358 4427
www.fleatickfacts.com



is designed to make the product more readily available to the pharmacy sector, says Merial.

The autumn and winter are key seasons for fleas as pet owners turn

on the central heating, making homes the perfect breeding ground. Merial says pharmacists should encourage pet owners to use a routine flea treatment.

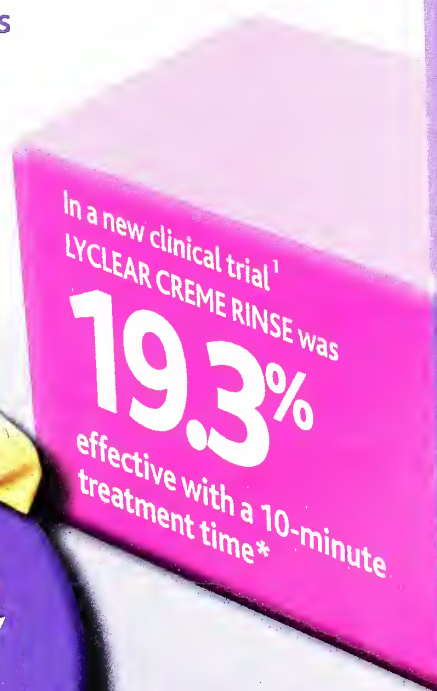


C+D BUSINESS SEMINARS

Make your business stand out from the crowd. See page 24

Fact: New clinical proof that a 10 minute head lice treatment time* is effective¹

- Clinically proven to kill head lice
- 10 minute treatment time*
- Easy to apply to scalp and hair
- No traditional pesticides means no resistance
- Value for money – comb included in pack



headlice.co.uk

1. Burgess IF, Brown CM, Lee PN. Randomised, controlled, single, parallel group clinical trials to demonstrate the efficacy of isopropyl myristate/cyclomethicone solution (Full Marks Solution) against head lice. Pharm Jnl 2008; 280: 371-375.

*10 minute treatment time refers to two applications, seven days apart.



SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA-UK.

Full Marks is a trade mark of the SSL group.

Stephen Foster was adamant there was only one way he was going to practise pharmacy. The result? An award-winning 100-hour business.

Lesley Ribbens reports



Foster's vision

Pharmacist Stephen Foster has bravely gone where no UK pharmacist has gone before. He's taken an old furniture shop on the high street, in Broadstairs, Kent, and transformed it into a welcoming, modern setting where customers can access a wide range of healthcare services, collect their prescriptions and buy a variety of OTC goods. In doing so, he's earned himself a Platinum Design Award, sponsored by C+D and Ceuta Healthcare, for innovation in service delivery.

This is not just a few new shelves, gondolas, a coat of paint and a contemporary floor covering. This is, as Mr Foster puts it, pharmacy for the 21st century, or, in the words of the judges, pharmacy fit for the future. In Pierremont Pharmacy, customers can sit in leather chairs in the waiting area outside the two consultation rooms. There's a flat-screen TV relaying images of a tropical fish tank (or log fire in winter), a water cooler and coffee machine, children's toys and noticeboards covering everything from alternative therapies through to stop smoking advice, the British Heart Foundation charity and travel health information.

On entering the pharmacy, customers step into a neat retail area with bespoke shelving displaying a carefully selected range of goods, chosen with the pharmacy's long opening hours and local population's needs in mind. Then they reach the counter with the busy, well ordered dispensary beyond. A turn to the left takes them through to the waiting area outside the consultation rooms with their professional layout and plush purple couches. The floor space is approximately 1,000sq ft. The dispensary takes around half of this, the

consultation area roughly 300sq ft and the retail area claims the remaining 200sq ft.

The purple colour scheme continues throughout the store and ties the whole design together. Mr Foster's wife Justine is a graphic designer and worked alongside shopfitters Faux Conduit in developing the look of the pharmacy, creating design storyboards to develop ideas. The design has clearly delivered. His favourite feature is the clinical area; it's big, bright and airy and better than many a GP's consultation room, especially the high-tech couches capable of providing a multitude of position settings.

From securing a seven-year lease on the premises on May 1, 2007, the pharmacy opened for business four months later on September 8,

The Pierremont bill: VITAL STATISTICS

Shopfitting: £75,000

Stock: £40,000

IT system (Cegedim Rx): approx £12k

TV: £800

Chairs: £100 each

Office furniture: approx £4,000

Couches: £1,200 each

Coffee machine: £50

Budget: £100,000

Overspend: £30,000

Total: >£130,000

just one week behind schedule. Emotions for Mr Foster swung between nervousness as more and more money was committed to the project and excitement as the opening day drew near.

Says Mr Foster of the overall design: "It turned out better than I had imagined. I was trying to create something fit for pharmacy in the 21st century, and when I saw the finished article, I was confident that we had not only been able to achieve that, but exceeded my expectations. It felt warm and welcoming, rather than cold and clinical, and was exactly the bespoke design that I had anticipated when we were formulating the initial concept.

"Finally, the proof of the pudding is in the eating, and our staff and customers seem to love it. They comment that it is certainly nothing like the pharmacies they have seen in the past – which is precisely what we were trying to achieve."

But the public hasn't always been on side. When local residents learnt the store was to become yet another pharmacy (the high street alone boasts a Paydens, Boots and Superdrug), they didn't think they wanted it. But once the 100-hour pharmacy opened its doors, they saw this was not 'yet another pharmacy' but something very different and now many of those originally opposed have become the pharmacy's biggest advocates, says Mr Foster. Even one of his local competitors reportedly sends its locums up the road to have a look, he claims.

Happy customers are spreading the word and the pharmacy is becoming busier every month. Pierremont Pharmacy has had to extend into its cellar since its initial fit out, an island unit has been added to the dispensary to create more work surface and an office block along the road





is being taken over to cope with demand for office space.

Despite the growing footfall, Mr Foster says he is not making a lot of money. "It's still about script numbers," he says. "Money will come as loyalty develops and spreads but services are loss-leading at the moment. It's not how it should be. GPs get paid on quality not numbers. We are rewarded not on quality but on prescription numbers each month." The majority of the pharmacy's income – 80 per cent – comes from prescriptions.

Mr Foster is well known locally. He was the pharmacy lead for the PCT for five years but says he found it painful trying to move the profession on. Having trained with Boots, and with stints at Superdrug and Courts behind him too, Mr Foster decided the only way he was going to be able to practise pharmacy in the way he saw fit for the 21st century was to set up his own business.

Unable to buy an existing business, Mr Foster saw the 100-hour exemption as his way in. A self-confessed workaholic, he happily puts in over 50 hours' work each week but clearly loves what he is doing. "I didn't do my training to sell BOGOFs on shampoos! It's not easy, I have to put in long hours, but I love it."

Advice for others

For other pharmacists contemplating doing something similar, Mr Foster suggests allowing a 25 per cent contingency budget. "Starting from scratch, finance was a problem. I needed money upfront but the NHS pays two months after the event." Five months into the business venture, Mr Foster discovered Pharmacy Partners, a finance company that effectively

buys your NHS debt. "It would have been much less hassle if I knew [about the company] from day one," he says.

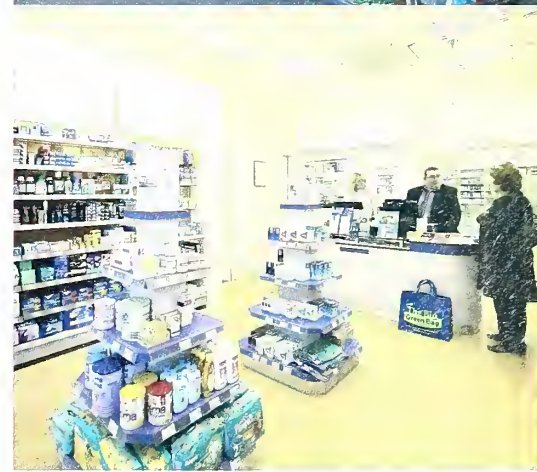
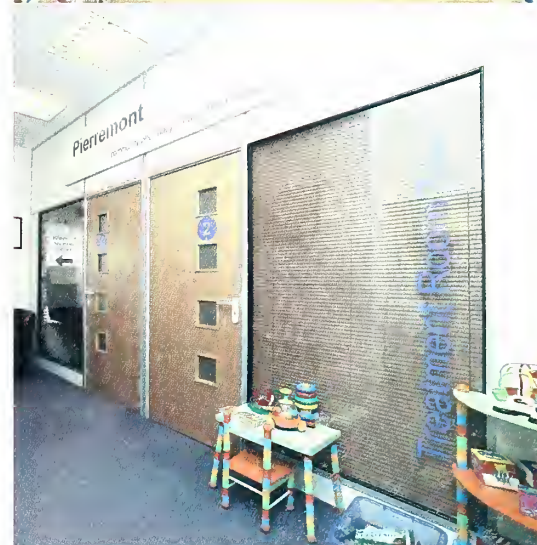
Fantasy feature

If money were no object, Mr Foster would like to add a dispensing robot as this would bring the greatest benefits to the business. He would like a bigger premises too. "I could fill six consulting rooms," he says.

Mr Foster has ambitious expansion plans and is in talks to open other Pierremont pharmacies on the south coast. Not content with building his pharmacy empire, this man of many talents runs the Granville theatre and cinema in Ramsgate, which he describes as a hobby, and also has a healthcare company, helping him satisfy his constant desire for a new challenge. Setting up the Pierremont Pharmacy has given him the belief that he can repeat the feat in other towns and boosted his project management experience, which is proving useful in his theatre enterprise.

If you can catch him in a quiet moment he's happy to offer advice to other pharmacists. He has shared his experiences at the Primary Care Live exhibition at London's Excel centre, to be repeated in Manchester next month, and has been asked to speak at a number of other events following his award-winning success (Pierremont Pharmacy also scooped the C+D Clinical Service of the Year Award in June).

Now that Mr Foster has gone ahead and blazed a trail for pharmacy, he says he hopes others in the profession will follow. To catch up with the Pierremont Pharmacy online, visit www.broadstairs-pharmacy.com where Mr Foster plans to launch podcasts in the near future.



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postscript

Max Gosney takes a look back at the lighter side of last week's UniChem convention in Oman

Action man

There was one UniChem delegate whose boundless enthusiasm endeared him to all comers, from roaring his team to victory in the kayak tug of war to jumping on stage and performing a faultless dance routine to the Macarena. Step forward NPA chief executive John 'redcoat' Turk. Butlin's loss is pharmacy's gain.

A note on Wiki-fiddling

Even the press were reaching for their dictionaries when Sue Sharpe uttered the word 'Wiki-fiddling' during her convention address. The term refers to people who deliberately vandalise entries on the internet encyclopaedia Wikipedia. However, the use of the phrase was no accident. C+D can reveal that several of the pharmacy top brass had entered a challenge to drop a selection of random phrases or words into their speeches.

Pharmacy does The Poseidon Adventure

UniChem has yet to announce the destination for its 2009 conference, but you can bet your bottom dollar it won't be a cruise. Company chiefs will have crossed it off the list after this year's boat trip threatened to follow in the footsteps of disaster movie, The Poseidon Adventure. Delegates were all smiles as they left the calm waters of the harbour aboard local dhows. It didn't last. The same faces returned a shade of seaweed green after encountering heavy swell on the Arabian sea. A boat full of pharmacists but not a sea sickness remedy in sight.

Quote unquote

"Can you make it bigger?"

UniChem chairman Mike Smith goes all Sid James as a colleague attempts to adjust a microphone stand while kneeling by his groin.

"Fantastic."

The weather, the food, the hotel or the business sessions – for UniChem managing director Jeremy 'fantastic' Main there was only one adjective that did them all justice.

"I know some pharmacists who think Transcom is a gas company."

A UniChem delegate reveals a worrying lack of awareness about the Transcom group, which has been set up to form a new professional body.

For more photos from UniChem's conference, go to www.chemistanddruggist.co.uk/events



Top to bottom: People power: the delegates of the 2008 UniChem convention in the grounds of hotel Al Bandar in Oman

A beach game involving contestants running into the sea, filling two buckets with water and bringing them back up the beach without spilling a drop

The dhows set sail on flat calm waters. It didn't last

Turkish delight: NPA chief John Turk (front) powers his team to victory in the kayak tug of war

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